

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St NW		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

- (b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
1	8

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	9

 /

D	D
1	9

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

177.10

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jeff Prior

09/21/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Mailing Address

3400 University Blvd SE Suite T

Amount

29.85

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒ House

State: NM

House

☐ Senate☐ President

District: 01

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARTIN HEINRICH

Disbursement For:

☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

1444.65

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Mailing Address

3400 University Blvd SE Suite T

Amount

28.85

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒ House

State: NM

House

☐ Senate☐ President

District: 01

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARTIN HEINRICH

Disbursement For:

☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

1473.50

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Mailing Address

3400 University Blvd SE Suite T

Amount

29.85

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒ House

State: NM

House

☐ Senate☐ President

District: 01

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARTIN HEINRICH

Disbursement For:

☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

1503.35

(a) SUBTOTAL of Itemized Independent Expenditures

88.55

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 1 0

Mailing Address

3400 University Blvd SE Suite T

Amount

29.85

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒ House

State: NM

House

☐ Senate☐ President

District: 01

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MARTIN HEINRICHCalendar Year-To-Date Per Election
for Office Sought

1533.20

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 1 0

Mailing Address

3400 University Blvd SE Suite T

Amount

29.85

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒ House

State: NM

House

☐ Senate☐ President

District: 01

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MARTIN HEINRICHCalendar Year-To-Date Per Election
for Office Sought

1563.05

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 1 0

Mailing Address

3400 University Blvd SE Suite T

Amount

28.85

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒ House

State: NM

House

☐ Senate☐ President

District: 01

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MARTIN HEINRICHCalendar Year-To-Date Per Election
for Office Sought

1591.90

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

88.55

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

177.10